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R. Stevan Coursey

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. Application Number PADENAS 10/529,276 TRANSMITTAL Filing Date March 25, 2005 First Named Inventor **FORM** ZAVADTSEV, Alexandre A. 1 Art Unit 2828 **Examiner Name** PHILOGENE, Haissa (to be used for all correspondence after initial filing) **Attorney Docket Number** SCAN021US1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **√** Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** Provisional Application After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Check No. 1113 for \$225.00 Request for Refund **Express Abandonment Request** Return Receipt Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Coursey & Coursey, F Signature Printed name R. Stevan Coursey Date Reg. No. 39.949 September 19, 2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Date

September 19, 2006

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

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equired to respond to a collection of information unless it displays a valid OMB control number Under the Paperwork Reduction Actor f 1995 no persons and Effective on \$2004.
Fees pursuant to the Consolidated Appropriating \$205 (H.R. 4818). Complete if Known 10/529,276 **Application Number** Filing Date March 25, 2005 For FY 2006 First Named Inventor ZAVADTSEV, Alexandre A **Examiner Name** PHILOGENE, Haissa Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2828 TOTAL AMOUNT OF PAYMENT 225.00 Attorney Docket No. SCAN021US1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity **Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 300 100 150 160 80 Reissue 300 600 150 500 250 300 **Provisional** 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Total Claims Fee Paid (\$) **Multiple Dependent Claims** Extra Claims - 20 or HP = 25.00 Fee (\$) Fee Paid (\$) 0.00 HP = highest number of total daims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) 2 - 3 or HP = 100.00 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets **Extra Sheets** Number of each additional 50 or fraction thereof Fee Pald (\$) / 50 = (round up to a whole number) - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of Time - Two Months 225.00

SUBMITTED BY Registration No. Telephone (404) 325-1041 Signature 39,949 (Attorney/Agent) Date September 19, 2006 Name (Print/Type) R. Stevan Coursey

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